altus dental™

Altus Dental Insurance Company, Inc.

City of Chelsea

2020 Open Enrollment

OPEN ENROLLMENT

- Effective July 1, 2020, the new dental carrier is Altus Dental.

- ***If you are already covered under the current dental program, <u>you do not have to re-enroll</u>. Your coverage will automatically transfer to the Altus Dental plan.***

- If you have a change in status (ex. single to family or family to single) or you are not currently on the dental plan and wish to enroll please fill out the enrollment form found on the Open Enrollment site on the city's website. All forms need to be returned to Human Resources by May 22nd. By scanning and emailing it or by faxing to 617-466-4175.

- New member kits will be mailed the week of June 22nd. The kits will include two identification cards. The id cards are in the name of the employee & all family members are covered under the same id number.

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ENHANCED BENEFITS & MONTHLY RATES

Enhanced Benefits:

- Your benefit plan now includes Preventive Rewards – this means that cleanings, exams, x-rays, fluoride and sealants are exempt from the $5,000 maximum.
- Crowns, dentures, bridges, partials and implants are now covered at 40% in-network & out of network.
- All members will receive a new $5,000 policy year maximum effective 7/1/20 – 6/30/21.

Monthly Rates: Effective 7/1/20 – 6/30/23

Individual: $42.97

Family: $99.88

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Benefit Highlights

Point of Service Plan

Welcome to Altus Dental

This flyer highlights your dental benefits and explains how your Point of Service plan works. At Altus Dental, we pride ourselves on providing our members with excellent customer service. We look forward to providing you and covered family members with dental insurance. When your coverage begins, we will send you an ID card and a Certificate of Coverage.

How to Contact Us

INTERNET

You can access your account information online 24 hours a day, 7 days a week at **www.altusdental.com**.

INFOLINE
1.877.223.0588

InfoLine, our automated telephone information system, is also available 24 hours a day, 7 days a week.

CUSTOMER SERVICE
1.877.223.0588

Our customer service representatives are available Monday – Thursday 8 am to 7 pm and Friday 8 am to 5 pm, ET.

CITY OF CHELSEA

Your group number: **2400-0001**

The maximum is: $5000 per member per policy year
The deductible is: $50 per individual / $150 per family per policy year
The maximum lifetime cap is: Unlimited

Pretreatment estimates are recommended for underlined procedures.

Plan pays 100%; Member Coinsurance 0% (In-Network) (Exempt from policy year maximum)
Plan pays 100%; Member Coinsurance 0% (Out-of-Network) (Exempt from policy year maximum)

- Two oral exams per policy year
- Two cleanings per policy year
- One set of bitewing x-rays every 6 months
- One complete x-ray series or panoramic film every 36 months
- Single x-rays as required
- Fluoride treatment for children under age 19 twice per policy year
- Sealants for children under age 16, once per unrestored permanent molar every 36 months

Plan pays 100%; Member Coinsurance 0% (In-Network)
Plan pays 100%; Member Coinsurance 0% (Out-of-Network)

- Space maintainers for lost deciduous (baby) teeth, replacement limited to once every 60 months
- Periodontal maintenance following active therapy – two per policy year

Plan pays 85%; Member Coinsurance 15% Deductible Applies (In-Network)
Plan pays 80%; Member Coinsurance 20% Deductible Applies (Out-of-Network)

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per policy year
- Amalgam (silver) fillings. Composite (white) fillings on all teeth.
- Extractions and other routine oral surgery not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for complex surgical procedures
- Root canal therapy
- Repairs to existing partial or complete dentures once per policy year
- Recementing crowns or bridges
- Rebasing or relining of partial or complete dentures; once every 60 months
- Root planing and scaling once per quadrant every 24 months
- Osseous (bone) surgery once per quadrant every 24 months (bone grafts are not covered)
- Gingivectomies once per site every 24 months
- Soft tissue grafts once per site every 60 months
- Crown lengthening once per tooth every 60 months

Plan pays 40%; Member Coinsurance 60% Deductible Applies (In-Network)
Plan pays 40%; Member Coinsurance 60% Deductible Applies (Out-of-Network)

- Surgical placement of endosteal implant and abutment; replacement limited to once every 60 months
- Crowns over natural teeth, build ups, posts and cores; replacement limited to once every 60 months
- Bridges, build ups, posts and cores, crowns over implants - replacement limited to once every 60 months
- Partial and complete dentures; replacement limited to once every 60 months

Orthodontics:
Plan pays 50%; Member Coinsurance 50%

- Braces and related services for dependents to age 19.
  Lifetime Maximum (orthodontics only): $1000

Dependent Coverage – Dependent children are covered up until the end of the month that they turn age 26.

Preventive Rewards

Nothing is more important to us than your oral health. That's why we've introduced the Preventive Rewards Program. When you choose this benef enhancement, none of your preventive dental services count toward you policy year maximum, allowing you to stretch your benefit dollars.

Here's how the Preventive Rewards Program works:

- Let's say your policy year maximum is **$1,500**.
- Each policy year, you receive:
  - **Two cleanings**
  - **Two exams**
  - **X-rays**
  - **Fluoride Treatment**
  - **Sealants**
- At the end of the policy year, your maximum **remains $1,500**

Example only. Refer to your specific coverage.

The savings add up

Wondering how preventive benefits affect your policy maximum? Here's an example:

	Without Option	With Option
POLICY YEAR MAXIMUM	$1,500	$1,500
FIRST EXAM	$30	$30
SECOND EXAM	$30	$30
FIRST CLEANING	$78	$78
SECOND CLEANING	$78	$78
X-RAYS (FULL MOUTH)	$105	$105
FLUORIDE TREATMENT	$25	$25
SEALANTS (4)	$184	$184
REMAINING MAXIMUM	$970	**$1,500**

**This example is based on preventive benefits covered at 100%. Please refer to your benefit summary for details on your specific coverage.*

That's it – no criteria to meet and this benefit enhancement is yours every policy year.

Why Preventive Services Matter

Your mouth is a window to your body. Diseases such as cancer, heart disease, kidney disease and diabetes can sometimes be identified by your dentist during preventive services like routine dental exams, cleanings and x-rays.

Prevention plays a key role in good oral health, and that can lead to good overall health. Ask about our Preventive Rewards Program today.

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Altus Dental Insurance Company, Inc.
PO Box 1557
Providence, RI 02901-1557
877-223-0588

ENROLLMENT FORM

I. SUBSCRIBER INFORMATION

Subscriber Name (First, Last)		Date of Birth (MM/DD/YYYY)	Social Security / I.D. #	
Street Address / P.O. Box No.	Apt. No.	City	State	Zip
Email Address				

II. GROUP INFORMATION

Employer / Group Name	Group No.	Division No.	Date of Hire	Location No. (If applicable)

III. ENROLLMENT INFORMATION

EFFECTIVE DATE OF ACTION (MM/DD/YYYY)

QUALIFYING EVENT

- ☐ Open Enrollment
- ☐ New Hire/Re-hire
- ☐ Marriage
- ☐ Divorce
- ☐ Birth or Adoption
- ☐ Workers' Compensation
- ☐ Return from Leave of Absence
- ☐ Loss of Coverage
- ☐ Full-Time/Part-Time Status
- ☐ Death of a Member

ACTION CODE
Check one.
Changes typically made on the first of the month.

ADDITIONS
- ☐ New Subscriber
- ☐ Add Dependent to Family
- ☐ Reinstatement

TERMINATION
- ☐ Remove Subscriber
- ☐ Remove Dependent
  List name in Section IV

STATUS CHANGE
- ☐ Name / Address Change
- ☐ Transfer from Sublocation # _____ to # _____
- ☐ Change Type of Coverage (Please indicate change, e.g. Individual to Family, in "Type of Coverage" section below.)

COBRA
- ☐ Reinstatement of Subscriber
- ☐ Addition of Dependent
  Prior ID # _____

TYPE OF COVERAGE
Check one.
- ☐ Individual
- ☐ Family

IV. DEPENDENT INFORMATION

*Group must have student rider.

First Name	Last Name (If different)	Date of Birth (MM/DD/YYYY)	Relationship	Check if student over 19*
				☐
				☐
				☐
				☐
				☐

V. DENTIST INFORMATION

List the dentist(s) you or your covered family members use.

Dentist(s) Last Name, First Name	City / Town	Patient(s) Last Name, First Name

VI. COORDINATION OF BENEFITS

Are you or any of your dependents covered by another DENTAL plan? ☐ No ☐ Yes *If Yes, please complete the section below.*

Policyholder Name (First, Last)	Policyholder I.D. No.	Group I.D. No.
Dental Insurance Company	Dental Insurance Address (Street, City, State, Zip)	
Employer Name (through which you/your dependents have coverage)		

I certify that all information is correct to the best of my knowledge. I understand that the effective date and termination date of my membership will be determined by my employer or plan sponsor in accordance with underwriting guidelines. If my employer requires employee contributions for this coverage, I authorize the deductions of these amounts from my wages periodically.

Employee Signature _____ Date _____ Benefits Administrator Authorization _____ Date _____

NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY POLICY
Altus Dental does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-223-0588.
Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-223-0588.

NETWORK

Provides an industry leading dental PPO network in MA

- More than 9,200 locations statewide in MA
- Nearly 1,000 additional locations in RI & NH

Complements our local network with national access

- National partnership
- Over 207,000 network locations nationwide

Highly effective local "boots on the ground" effort

- Custom ongoing recruitment effort

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Online Access at Your Fingertips

altusdental.com

- See how you've used your dental benefits this year
- Find a Dentist
- Order new ID card
- Check the status of claims
- Go "green" by registering for paperless communications

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CUSTOMER SERVICE

1-877-223-0588

CALL CENTER HOURS:

M-TH 8:00 AM – 7:00 PM

F 8:00 AM – 5:00 PM

customerservice@altusdental.com

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Thank you for allowing Altus Dental to be your dental insurance provider!

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